



## Greater Tompkins County Municipal Health Insurance Consortium

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*"Individually and collectively we invest in realizing high quality, affordable, dependable health insurance."*

Approved

### MINUTES

**Greater Tompkins County Municipal Health Insurance Consortium  
Joint Committee on Plan Structure and Design  
March 2, 2017, 2016 – 1:30 p.m.  
Rice Conference Room, Health Department**

***Present:***

***Municipal Representatives: 11 members***

Judy Drake, Town of Ithaca and Board of Directors Chair; Betty Conger, Village of Groton; Eric Snow, Town of Virgil; Laura Shawley, Town of Danby (arrived at 1:44 p.m.); Charmagne Rungay, Town of Lansing; Jeff Walker, Village of Cayuga Heights; Mack Cook City of Cortland; Carissa Parlato, Town of Ulysses; Ann Rider, Town of Enfield (arrived at 1:42 p.m., excused at 2:30 p.m.); Schelley Michell-Nunn; Mike Murphy, Village of Dryden

***Municipal Representative via Proxy: 4***

Tom Brown, Town of Truxton (Proxy – Eric Snow); Mark Witmer, Town of Caroline (Proxy – Judy Drake); Alvin Doty, Town of Willet (Proxy – Judy Drake); Jennifer Case, Town of Dryden

***Union Representatives: 6 members***

Jeanne Grace, City Executive Unit (arrived at 1:45 p.m.); Tim Farrell, City of Ithaca DPW Unit; Jim Bower, Bolton Point Water Unit – UAW Local 2300; Tim Arnold, Town of Dryden DPW Teamsters (arrived at 1:40 p.m.); Olivia Hersey, TC3 Professional Admin. Assoc. Unit; Phil VanWormer (City of Ithaca Admin. Unit)

**Union Representatives via Proxy: 4**

Doug Perine, Tompkins County White Collar President (Proxy – Phil VanWormer); Teresa Viza, TC Library Staff Unit; Kate Devo, TC Library Professional Staff Unit; David Flaten, TC3 Faculty (Proxy – Olivia Hersey)

***Others in attendance:***

Don Barber, Executive Director; Judy Taber, Locey and Cahill; Ted Schiele, Owning Your Own Health Committee Chair; Meghan Feeley, Josh Allen, ProAct; Beth Miller, Excellus

**Call to Order**

Mr. VanWormer, Chair, called the meeting to order at 1:32 p.m.

**Changes to the Agenda**

There were no additions or deletions to the agenda. The minutes were deferred until a quorum was present later in the meeting.

**Chair's Report**

Mr. VanWormer announced his last day of being a labor representative and Chair of this Committee will be June 5<sup>th</sup>. He encouraged others to volunteer to serve in the position of Chair. Mr. Barber noted the Chair position is voted on by all members of the Committee.

**Report from Chair of the Board of Directors**

Ms. Drake reported the Board met on March 23<sup>rd</sup> and approved the usage of CanaRX by members. In addition, the Board accepted a report on the medical claims audit conducted by BMI and will be starting the process for a prescription drug claims audit. The Board also approved a three-year renewal of the CSEA contract for dental and vision.

**Executive Director Report**

Mr. Barber reported the latest issue of the newsletter is out and encouraged members to submit comments and ideas for future issues. He announced the next educational retreat will be held on May 10<sup>th</sup> at 9 a.m. in Legislature Chambers and is open to anyone interested in attending. There will be a review of previous retreats that have been held and the focus of this retreat will be role that patients play in the health care industry and with health insurance. There will be a guest from the Cayuga Area Physicians Alliance in attendance to speak about Clinical Integration that is being done in Tompkins County.

Mr. Arnold arrived at this time.

Mr. Barber reported that current legislation states co-pay cannot exceed that for a brand name drug. He will reach out to Senator Seward to find out why this was enacted but welcomed members to speak with State representatives as well.

Ms. Rider arrived at this time.

Mr. Barber will provide members with bill number for this legislation.

Ms. Shawley arrived at this time.

Mr. Bower asked if with the Consortium moving forward with CanaRX and this legislative hurdle in adopting a fourth prescription drug tier whether it would be a good opportunity to see what the financial effect of adopting a fourth prescription drug tier would have on the Consortium. Mr. Barber responded that the ProAct Utilization Report being presented later in the meeting will address the use of specialty drugs.

Ms. Grace arrived at this time.

**Approval of Minutes of April 2, 2017**

It was MOVED by Ms. Rider, seconded by Ms. Conger, and unanimously adopted by voice vote by members present with Mr. VanWormer abstaining, to approve the minutes of April 2, 2017 as corrected. MINUTES APPROVED.

**Metal Plan Actuarial Value Update**

Ms. Taber distributed a chart showing actuarial values as of March 1, 2017 for each of the Metal Level Plan for 2016-2018. She said when Mr. Locey reported on this at the last meeting it appeared that the Silver Plan may have fallen out of the acceptable range and would have required

an adjustment in benefits. However, after a review with Excellus it was determined that the actuarial values all fell within compliance and no benefit changes would need to be made for 2018.

### **Response to Telemedicine Questions**

Ms. Miller responded to questions that were as raised following the presentation on Telemedicine at the last meeting. With regard to the response that has been received she said since the last meeting results have come in from an online survey was conducted by an outside company. She highlighted the following points:

- Responders were 18 years of age or older and resident in counties throughout Central New York and the Southern Tier;
- 26% of those survey responded (49% male, 51 female);
- Question: Are you aware or have you used Telemedicine? 6% use Telemedicine, 54% were not aware of it, and 46% were aware of it;
- Response to whether women or men are likely to use Telemedicine, 58% men/49% woman;
- Response to how many plan to use Telemedicine in the future? 54%;
- Of those who have used Telemedicine, the number of times was: 5 in the last 12 months, 79% have used it during a weekday, and 21% have used it during the weekend;
- What was the most important feature of using Telemedicine? Immediate and same-day appointment – 85%; coverage during travel – 83%, use of smart phone, tablet, or a computer – 82%, ability to get prescription drugs, not necessary to leave the house to go to an appointment – 73%, cost of the visit – 72%

Ms. Miller said additional information will be presented at the retreat.

### **CanaRX Update**

Mr. Barber said reported at its last meeting the Board of Directors voted to add CanaRX as a pharmacy option for members for a 90-day supply of brand name drugs that are covered under the CanaRX formulary. It was made clear at the Board meeting that this is not something the Consortium will market as its own initiative but a plan needs to be developed to make subscribers aware that this zero copay program is available. He said this will become effective as of July 1<sup>st</sup>. He is working with Ms. Feeley on the development of a letter from the Consortium that would be provided to employees alerting them that they those who are maintenance medications will be receiving a letter from CanaRX telling them how they can sign-up this program. He asked for suggestions from members for ways in which to reach out to employees and the following suggestions were offered: website, letter attached to paystubs, a video or narrated PowerPoint presentation that can be show to employees and placed on the website, offer information sessions, and having benefit clerks distribute information.

Ms. Michell-Nunn said having letters come from CanaRX to employees who are on maintenance medications may cause concern as to what information CanaRX has and how they have it. Ms. Feeley explained ProAct shares claims data with CanaRX that identifies who would be eligible under the CanaRX formulary. Ms. Feeley said ProAct and CanaRX are flexible and can customize the letter in any way, including having the letter could come from ProAct and not CanaRX; others agreed with this approach.

### **ProAct Pharmaceutical Utilization Report**

Ms. Feeley and Mr. Allen presented the 2016 Utilization Summary for prescription drug expenses in accompanied with a comparison to the previous year. The document will be available on the Consortium's website under the Resources tab.

During presentation of the report, the following points were noted of changes from 2015:

- Membership count was 5,045, an increase of .08% from 2015;
- The number of prescriptions dispensed decreased by 3%; however, prescription costs which included fill fees, ingredient costs, and dispensing fees, increased by 23.59%;
- Membership cost increased by 3.49% and the total cost paid by the Consortium increased by 25.05%, mostly due to specialty medications (total plan spend = \$10,645,984.27);
- Although up slightly, mail order utilization was lower than a similar client type. Ms. Feeley suggested additional efforts could be placed on increasing mail order utilization and offered to provide suggestions.
- Cost per generic was \$24.61; an increase of 11.97% which is primarily due to a patent that expired;
- There were 2,323 contracts with a total of 5,045 eligible members in the plan;
- Costs paid by the plan were – 39% for age 50-64; 31% for age 65+; 18% for ages 35-49; 7% for age 20-34; and 5% for age under 1-19.
- Rx count and Plan cost:

	(# of Rx)	
Tier 1 Generic	62,992	\$2,215,262.93
Tier 2 Preferred Brand	9,412	\$3,597,705.74
Tier 3 Non-Preferred Brand	3,425	\$1,155,278.09
Specialty	934	\$3,677,737.51

Specialty drug utilizing members increased from 81 to 105 (29.63%); total prescriptions dispensed increased from 785 to 934. The member cost increased by 16.34%; the plan cost increased by 53.21%.

The top specialty drugs utilized included Harvoni which is used to treat hepatitis. It is a three-month treatment with six utilizing members. There were a couple prescriptions filled in 2017 but that number should decline as it cannot be used as a treatment twice. Mr. VanWormer asked if there is any data on Harvoni versus hepatitis c maintenance drugs. Ms. Feeley will look into this. Ms. Hersey commented that if not cured the long-term consequences of having hepatitis c are very high.

Ms. Rider was excused at this time.

Mr. Arnold spoke the cost he incurred from a mail order prescription; Ms. Feeley advised the cost should have been different and will work with Mr. Arnold to follow-up on this.

#### **Next Meeting Agenda**

The following items were suggested for inclusion on the next agenda:

- Excellus Utilization Report;
- CanRX update;
- Filling vacancy of Chair position

#### **Adjournment**

The meeting adjourned at 2:42 p.m.

Respectfully submitted by Michelle Pottorff, Administrative Clerk